

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 17th JANUARY 2017**

Question

Will the Minister inform members of the terms of reference agreed between her Department and Deloitte in the preparation of their review of the provision of, funding of, and access to primary health care services in the Island due in the first quarter of 2017?

In particular, what scope is there in the review to examine:

- (a) the cost of GP consultations and the extent to which this prevents those on low incomes from seeking early intervention;
- (b) the level of co-payment involved;
- (c) the role of health / impairment components and Household Medical Accounts in the Income Support system; and
- (d) the need, or otherwise, to maintain free prescriptions for all?

Answer

The scope of the review, as previously published in the States procurement portal, is shown below. For clarity each of the items above will be considered in the assessment of charging policies and access to service for people with a low income.

Purpose: The Health and Social Services Department and the Department of Social Security wish to commission an independent advisor who can draw on their knowledge of international evidence and offer:

1. *An assessment of the current system of charging policies and government funding and a comparison with other relevant jurisdictions*
2. *advice on the design of a government funded scheme to assist low income individuals with the cost of health co-payments in General Practice*
3. *advice on the effect different charging mechanisms can have on patient and practitioner behaviours, specifically associated with General Practice and Pharmacy services. The independent advisor will be asked to identify the strengths and weaknesses of different payment and incentivisation options in other jurisdictions and the impacts these would have in a Jersey context, making recommendations*

Deliverables:

1. **An assessment of:**

- a. *the current payment and incentivisation systems in Primary Care (focusing on general practice and pharmacy) in Jersey, identifying strengths and weaknesses*
- b. *charging policies and government funding mechanisms in other jurisdictions, that operate similar health systems, with an analysis of their strengths, weaknesses. This assessment should also identify the extent to which the different policies could support the achievement of the vision of P82/2012 and the payment ambition of the Primary Care Strategy, namely to use taxpayers' money more effectively to support Primary Care services, whilst maintaining the strengths of the current system ("the strategic aim")*
- c. *the behaviours that could be encouraged in both patients and care providers in Jersey to support the strategic aim*

- d. *areas of impact in which the use of charging policies and government funding on patient and provider behaviour will be limited due to local constraints, such as the need to maintain some services within the new Hospital*
 - e. *the methods used in similar jurisdictions to identify patients as requiring additional support with user pay charges in respect of health services*
 - f. *different mechanisms for supporting people with a low income to meet user-pay charges in health care*
2. **Advice on the design of a government funded scheme to assist low income individuals with the cost of health co-payments in General Practice:**
- a. *the way in which charges in Primary Care should be structured to minimise the adverse impact of such charges on low income groups*
 - b. *the way in which patients or groups of patients should be identified as requiring additional help from government to access Primary Care services*
 - c. *the mechanism via which that help should be provided.*
3. **Advice on changes to payment and incentivisation mechanisms within Primary Care, which have the ability to meet the strategic aim. The options should consider:**
- a. *how to maintain the strengths of the current Primary Care system whilst changing the payment and incentivisation systems to improve the cost effectiveness of the health system as a whole*
 - b. *elements of models in different jurisdictions that could be adapted for Jersey*
 - c. *what blend of these elements would form appropriate options for payment and incentivisation in Jersey given the local context*
 - d. *the impact of the proposed payment and incentivisation options on behaviours of practitioners and patients*
 - e. *necessary changes to other elements of the health and social care system that would enable the options to be effective, e.g. finance, workforce, legal, administrative, IT, communications, and timeframe*
 - f. *highlighting the degree of impact of the proposed changes juxtaposed with the level of necessary change*
 - g. *variations in the low income support system recommended in element 2 of this work that would maintain its sustainability following the introduction of changes to payment or incentivisation mechanisms*

Note: Changes to the GP payment system must continue to include retaining an element of 'users pays', however options must be mindful of addressing access and inequality issues.